

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

6652

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed. 3	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Mr. NICKNAME		FIRST Paul LAST Labuda	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address		ADDRESS / PO BOX: PO Box 10894		CITY, STATE, ZIP CODE Austin, TX 78766	
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE (512)		PHONE NUMBER 989-8515	
6 CAMPAIGN TREASURER NAME		MS / MRS / MR Ms. NICKNAME		FIRST Michelle LAST De France	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE) 1101 E. Parmer Ln		CITY, STATE, ZIP CODE Austin TX 78753	
8 CAMPAIGN TREASURER PHONE		AREA CODE (512)		PHONE NUMBER 997-9654	
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)			
10 PERIOD COVERED		Month Day Year 8 / 3 / 2007 THROUGH Month Day Year 12 / 31 / 2007			
11 ELECTION		ELECTION DATE Month Day Year 3 / 4 / 2008		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Travis County Constable, Precinct 2	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS		.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address / PO Box, Apt. / Suite #, City, State, Zip Code			

☐ additional pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME** Paul A. Labuda**16 ACCOUNT #** (Ethics Commission Filers)**17 NOTICE
FROM
POLITICAL
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE**COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**18 CONTRIBUTION
TOTALS****1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$

**2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$

**EXPENDITURE
TOTALS****3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED**

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1073.68

**CONTRIBUTION
BALANCE****5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD**

\$ 0

**OUTSTANDING
LOAN TOTALS****6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Paul Labuda, this the 14th day of January, 20 08, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Adm. Asst.

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G: 1
2 FILER NAME Paul A. Labuda		3 ACCOUNT # (Ethics Commission filers)
4 Date 8/7/2007	5 Payee name Postmaster General (Northcross Post Office) 6 Payee address: City: State: Zip Code 7700 Northcross Dr. Austin, TX 78757 7 Purpose of expenditure (See instructions regarding type of information required.) rent for PO Box 10894 (If travel outside of Texas, complete Schedule T)	8 Amount (\$) 42.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 8/10/2007	Payee name GODADDY.COM Payee address: City: State: Zip Code 11455 N. Hayden Rd. Scottsdale, AZ 85260 Suite 219 Purpose of expenditure (See instructions regarding type of information required.) PaulLabuda.com domain name registration (If travel outside of Texas, complete Schedule T)	Amount (\$) 31.68 <input type="checkbox"/> Reimbursement from political contributions intended
Date 12/21/2007	Payee name Travis County Democratic Party Payee address: City: State: Zip Code 1311 East 6th St. Austin, TX 78702 Purpose of expenditure (See instructions regarding type of information required.) filing fee (If travel outside of Texas, complete Schedule T)	Amount (\$) 1000.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address: City: State: Zip Code Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED